



TO MAKE YOUR ESTIMATE PAYMENT ON-LINE LOG ON TO WWW.STATE.NH.US/REVENUE

1 Who Must Pay Estimated Tax

Every entity required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments, for each individual tax, for its subsequent taxable period; unless the annual estimated tax for the subsequent taxable period, for each individual tax is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period equals or exceeds \$200 for either tax.

(See paragraph 6 for exceptions).

2 Where to Make Payments

Make estimate tax payments on-line at www.state.nh.us/revenue or mail estimated tax payments to:

NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 2004 2nd quarterly payment due June 15, 2004 3rd quarterly payment due September 15, 2004 4th quarterly payment due December 15, 2004

FISCAL YEAR FILERS:

A quarterly payment is due on or before the 15th day of the 4th, 6th, 9th, and 12th months of the taxable period to which they relate.

FISCAL YEAR FILERS MUST ENTER THE TAX YEAR ON EACH ESTIMATE FORM.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

You may make all four estimate payments at one time over the Internet. Specify each date you want a payment to be made from your account and each payment will be withdrawn on the date you specified.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use Form DP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form visit our web site or call the forms line at (603) 271-2192.

7 Need Help

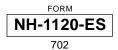
QUESTIONS not covered herein maybe answered in our Frequently Asked Questions(FAQ) brochure available on the Internet web at www.state.nh.us/revenue or by calling the Taxpayer Assistance Office at (603) 271-2186.

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED CORPORATION BUSINESS TAX QUARTERLY PAYMENT FORMS

	MAKE YOUR ESTIMATE PAYMENT ON	-LINE LOG ON TO V	VWW.STATE.NH.US	S/REVENUE
1 ESTIMATED T	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		BET(a)	BPT(b)
a BET Ta	xable Base After Apportionment			
b NH Tax	able Business Profits After Apportionment			
2 TAX				
a Line 1	a) x .0075			
b Line 1(o) x .085			
3 CREDITS				
	2-L, CDFA (Investment Tax Credit)			
	RSA 77-A:5 (Please be sure to include the BET Credit)			
	for current tax period [Line 2 minus Line 3(a) an			
	from prior tax period			
6 Balance of Bu	siness Taxes Due (Line 4 minus Line 5)	······································	AVMENTO	
Amount of each Installment BET (1/4 of Line 6 of worksheet)		DDT	Total Du (BET and/or	
1	\$ \$		\$	April 15, 2004
2\$			\$	June 15, 2004
3	s s		\$	
4	ss		\$	
	FSTIMATED TAX	X FORM INSTRUCT	IONS	1 22 2, 22
	Line 1 Enter ¼ of the Business Enterpri			eet above.
	Line 2 Enter ¼ of the Business Profits			
	Line 3 Enter the TOTAL payment sum of			
THE PENALT	INI PROVISIONS OF RSA 21-J:32 WILL API	IPORTANT: PLY IF THE ESTIMA	TE REQUIREMENT	S HAVE NOT BEEN MET.
	(Cut along this line and keep the E	Estimated Tax Worksheet above for	or your records) — — — — —	-,
FORM				
NH-1120-E	NEW HAMPSHIRE DEPARTME ESTIMATED CORPORA		-	
702	ESTIMATED SORT SINA	TION BOOMEOU IA	2004	
For the CALENDA	R year 2004 or other taxable period beginning .	and er		FOR DRA USE ONLY
	PLEASE PRINT OR TYPE	Mo Day Year	Mo Day Year	
	NAME OF CORPORATION		FEDERAL EM	PLOYER IDENTIFICATION NUMBER
FOR DRA USE ONLY	NUMBER AND STREET ADDRESS		1/ DET. 4	e e
	ADDRESS (continued)		1/4 BET 1	
	CITY/TOWN, STATE & ZIP CODE		1/4 BPT 2 Amount of	\$
	·		Payment 3	
	MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 637 CONCORD NH 03302-0637	Enclose	necks payable to: STAT e, but do not staple is estimate. Do not	E OF NEW HAMPSHIRE or tape, your payment file a \$0 estimate.



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED CORPORATION BUSINESS TAX - 2004

For the CALENDAR	R year 2004 or other taxable period beginning	and ending	FOR DRA USE ONLY		
	Mo Day	Year Mo Day Year			
	PLEASE PRINT OR TYPE				
	NAME OF CORPORATION	FEDERAL	EMPLOYER IDENTIFICATION NUMBER		
FOR DRA USE ONLY	NUMBER AND STREET ADDRESS				
			\$		
	ADDRESS (continued)	/4 DET 1	Ψ		
		1/4 BPT 2	\$		
	CITY/TOWN, STATE & ZIP CODE	Amount of			
		Payment 3	ß (\$		
	NH DEPT OF REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 637 CONCORD NH 03302-0637	Make checks payable to: STAT Enclose, but do not staple with this estimate. Do not	able to: STATE OF NEW HAMPSHIRE not staple or tape, your payment te. Do not file a \$0 estimate. NH-1120-ES		
	(Cut along this.	line)	Rev. 10/03		
		··· ·· – – – – – –	-		
FORM					
NH-1120-ES	NEW HAMPSHIRE DEPARTMENT OF RE ESTIMATED CORPORATION B				
For the CALENDAR	R year 2004 or other taxable period beginning	and ending	FOR DRA USE ONLY		
	Mo Day	Year Mo Day Year			
	PLEASE PRINT OR TYPE NAME OF CORPORATION	EEDEDAL EM	PLOYER IDENTIFICATION NUMBER		
	NAME OF CORPORATION	FEDERALEWI	PLOTER IDENTIFICATION NOWIBER		
FOR DRA USE ONLY	NUMBER AND STREET ADDRESS				
	NOWIDER AND STREET ADDRESS		\$		
	ADDRESS (continued)	¼ BET 1	Ψ		
		½ BPT 2	\$		
	CITY/TOWN, STATE & ZIP CODE	Amount o			
		Payment 3	3 [\$		
	NH DEPT OF REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 637 CONCORD NH 03302-0637	Enclose, but do not staple o	Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate. NH-1120-ES Rev. 10/03		
	(Cut along this				
NH-1120-E3					
702	ESTIMATED CORPORATION B	USINESS TAX - 2004			
For the CALENDAR	R year 2004 or other taxable period beginning	Year and ending Mo Day Year	FOR DRA USE ONLY		
	PLEASE PRINT OR TYPE NAME OF CORPORATION	FEDERAL EM	1PLOYER IDENTIFICATION NUMBER		
			20 . 2		
FOR DRA USE ONLY	NUMBER AND STREET ADDRESS				
			\$		
	ADDRESS (continued)				
	OLTY/TOWN OTATE & ZID OODE		\$		
	CITY/TOWN, STATE & ZIP CODE				
		Payment 3	5 <u> </u>		
	NH DEPT OF REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 637 CONCORD NH 03302-0637	Make checks payable to: STATE Enclose, but do not staple with this estimate. Do not	E OF NEW HAMPSHIRE or tape, your payment file a \$0 estimate. NH-1120-ES Rev. 10/03		